

Name: _____ Date: _____

Address: _____ City: _____ Postal Code: _____

Best number for you and/or leave messages: _____ **Text?** Yes No

Email address: _____ Major Intersection: _____

I give my consent to receive emails regarding volunteering with SCHC and its programs: Yes No

6 Roles that have an urgent need – tell us your 1st choice (& if you are willing to do 2nd or 3rd)

- _____ **Meals on Wheels Driver / Runner (week days only from 11am – 1pm, 1x a week)**
 _____ **Food/Clothing/Furniture Bank (week days only plus Saturday AM for Furniture Bank)**

The following roles involve extra training PLUS a minimum 1 year volunteer commitment:

- _____ **Friendly Visiting** (isolated seniors, **mostly week days**, some evenings/weekends)
 _____ **Hospice Home Visiting** (**mostly week days**, some evenings/weekends)
 _____ **Day Hospice** (Wednesdays 8:30am – 12:30pm or 12:30pm – 3:30pm only)
 _____ **Bereavement & Caregiver Support Programs** (week days and evenings)

Please indicate your interest below, if any. Be selective and only indicate 2-3 choices at most:

Roles Available Monday to Friday 9am-5pm ONLY:

- Office/Admin/Reception
 Accounting / Finance (*experienced only*)
 Adult Day Program (*Seniors with dementia*)
 Active Living Centre (*Seniors*)
 Early ON Centre (*children*)
 Food prep/server

(Safe Food Handler Certificate or willing to obtain)

These Roles are Occasional, Evenings & Weekends:

- Fundraising / Marketing Support
 Home Work Club Tutors (*after school days only*)
 Christmas/Holiday Helper (*seasonal*)
 Fundraising Support
 Special Events Volunteer
 Children / Youth Programs
 (*after school, Mondays to Fridays only*)

Please check (✓) for your availability for volunteering:

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Do you have a current Police Check? Yes No - **If not, do you consent to get one done?** Yes No

Length of commitment: 3 months 6 months 1 year Other: _____

Mode of transportation? Your own vehicle/car Public Transit

What is your age range? Youth (15-19 years) Young Adults (20-29) Adults 1 (30 - 40 years)
 Adults 2 (41 – 65 years) Seniors 1 (66 – 75 years) Seniors 2 (76 years and over)

What languages, other than English, do you speak/write with ease: _____

How did you hear about SCHC? ANC CHC Community Centre Friend/Family Local Newspaper
 Other Our other locations Our Website Public Library Service User Social Media
 Volunteer Toronto Charity Village Flyer (where? _____)



Please tell us **why you are interested** in volunteering in the role(s) you've indicated & what you hope to gain from the experience:

Briefly outline your work/volunteer/school experience (or attach resume if you have one - optional):

Have you had experience: Volunteering or working with seniors? Yes No With children? Yes No
Caring for someone with a chronic and/or life-limiting illness? Yes No With dementia? Yes No

Do you have any training or education in: Diversity/Equity/Inclusion? Yes No If yes, give details:

Do you require any accommodations or assistance in the event of an emergency evacuation? Yes No

Do you have any **allergies**? Yes No If **yes**, what kind: _____

Do you have any limitations or health issues which may affect your ability to volunteer and that you would like us to consider when placing you in a volunteer position? _____

Who is your **emergency contact**? (name / relationship / phone #)? _____

References (provide 2) Please do not use relatives. Acceptable are prior volunteer or work supervisor, friend, neighbours, etc.

Name: _____ Relationship: _____

Telephone: _____ Email: _____

Name: _____ Relationship: _____

Telephone: _____ Email: _____

I consent to have my photograph used by Scarborough Centre for Healthy Communities: Yes No

*Information collected on this authorized form complies with the Privacy Act and Personal Health Information Protection Act. SCHC collects information to assist with program planning, improvement of services, and research. This information is confidential and shall not be used for purposes other than those for which it was collected, nor shall any identifying information be sent externally, except with your expressed consent or as required by law. We encourage you to discuss any questions/ concerns you may have with one of our staff. By signing below you are verifying that the information provided is true and complete. You give us permission to obtain personal information from your listed references. **False statements and omissions are grounds to terminate the volunteer relationship. I agree to follow SCHC policies & procedures. Failure to do so will result in termination of the volunteer relationship.***

Signature: _____ Date: _____

ONLY Hospice Home Visiting, Friendly Visiting, Bereavement Care & Caregiver Support roles, please fill out this additional section – THIS PAGE NOT REQUIRED FOR ANY OTHER ROLES.

Do you have any personal experience caring for someone to the end of life? Yes No

Have you had a person close to you die within the last year? Yes No

If yes, did you seek any kind of bereavement support? Yes No

Driving Do you have a valid Driver's License and access to a vehicle Yes No

Are you willing to drive a client if required? Yes No

(A copy of your license and up-to-date insurance coverage will be required if you say Yes)

Do you have any training or education in:

Hospice Palliative Care? Yes No Grief & Bereavement Yes No Group Facilitation? Yes No

If yes, please give details:

To help us with matching you with a service user, please tell us a bit about yourself

Describe your experiences with cultural diversity including spiritual/religious/faith practices related to illness, death, dying and bereavement:

What are your hobbies/interests? (e.g. sports, music, crafts, board games). Please check all that apply.

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Acting | <input type="checkbox"/> Dancing | <input type="checkbox"/> Meditation | <input type="checkbox"/> Reiki (Training Level: _____) |
| <input type="checkbox"/> Animal Lover | <input type="checkbox"/> Dog Lover | <input type="checkbox"/> Movies/TV | <input type="checkbox"/> Science <input type="checkbox"/> Walking |
| <input type="checkbox"/> Bird Watching | <input type="checkbox"/> Drawing | <input type="checkbox"/> Music | <input type="checkbox"/> Sewing <input type="checkbox"/> Writing/Scrapbooking |
| <input type="checkbox"/> Board Games | <input type="checkbox"/> Event Coordination | <input type="checkbox"/> Musical Instruments | <input type="checkbox"/> Singing <input type="checkbox"/> Yoga (Teacher?) |
| <input type="checkbox"/> Cards | <input type="checkbox"/> Fishing | <input type="checkbox"/> Nature/Outdoors | <input type="checkbox"/> Sports <input type="checkbox"/> Traveling |
| <input type="checkbox"/> Chess | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Painting | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Children | <input type="checkbox"/> Gardening | <input type="checkbox"/> Photography | <input type="checkbox"/> Tai Chi (Teacher?) |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Handy Person | <input type="checkbox"/> Piano Playing | <input type="checkbox"/> The Arts |
| <input type="checkbox"/> Crafting | <input type="checkbox"/> History | <input type="checkbox"/> Puzzles | <input type="checkbox"/> Theatre |
| <input type="checkbox"/> Crochet | <input type="checkbox"/> Knitting | <input type="checkbox"/> Reading | <input type="checkbox"/> Therapeutic Touch (Training Level: _____) |

Other (please list) _____

Willing to visit a client **with pets**? Yes No Willing to visit a client **who smokes**? Yes No

Are you able to make a ONE YEAR COMMITMENT to volunteering (with time off for vacation, breaks etc.)?

Yes No

I understand that completion of all training (both online and in person) as well as a clear Vulnerable Sector Police check is required in order to be placed with one of the four roles listed above and I agree to follow the guidelines of the Community Hospice & Friendly Visiting Programs provided to me as part of the training process

Yes No